

Exercise in the management of cravings, withdrawal symptoms and smoking behaviour



Guy Faulkner
Faculty of Physical Education & Health
University of Toronto

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OVERVIEW

- **Review of chronic exercise interventions**
- **Review & examples of acute exercise interventions**
- **Possible mechanisms**
- **Practical & research implications**

Innovation?

- Morgan, P., Gildiner, H.L., & Wright, G. (1976). Smoking reduction in adults who take up exercise. *CAHPER Journal*. 42, 39-43.
- Only three of thirty-five runners who were smoking cigarettes when they first started to run still smoked.
- 91% abstinence rate!

Multiple Health Behavior Change

- Majority of health promotion interventions address risk factors as categorically separate entities yet health behaviors often cluster
- 'Teachable' moments
- Synergy

Exercise & Smoking Cessation

- **Harm reduction??** [see deRuiter & Faulkner, 2006; *Nicotine Tob Res.* 8(2):157-68].
- Exercise may have a moderating effect on many of the variables negatively affected by nicotine withdrawal
 - Mood disturbance
 - Depression
 - Subjective stress
 - Sleep disturbance
 - Weight management

Do exercise interventions improve quit rates?

Systematic reviews on *Chronic effects on abstinence*:

- Ussher (2005) Cochrane Review
- Faulkner, G., Taylor, A., Urban, S., Ferrence, R., & Selby, P. (2006). Exercise and smoking cessation: A better practices knowledge synthesis. Exercise Psychology Unit, University of Toronto, Toronto, Ontario.

Electronic copies available on request.

Abstinence rates at longest follow-up

Study	Exercise	Control
1. Alexander 89	13/21 57.7%	12/21 56.3%
2. Howley 81	0/9; 0%	0/9; 0%
3. Hill 95	7/18 41%	5/18 30%
4. Hill 93	5/18 27.8%	7/22 31.8%
5. Marcus 91	2/10 20%	0/10 0%
6. Marcus 95	3/10 30%	1/10 10%
*7. Marcus 99	16/134 11.9%	8/147 5.4%
8. Marcus 03	1/109 0.9%	1/109 0.9%
9. Martin 97	19/72 26.4%	18/70 25.7%
10. Prapavessis 04	12/68 17.7%	8/53 15.1%
11. Mustonen 05	9/92 9.8%	7/56 12.5%
12. Russell 88	Not given	Not given
13. Taylor 88	29/42 69.0%	16/26 61.5%
14. Ussher 03	19/154 12.4%	19/145 13.1%
15. Vickers	6/30 20%	6/30 20%

p=0.05

Conclusions from chronic studies

- 1/15 trials showed exercise aids smoking cessation in long-term
- 4/15 trials showed positive effects at end of treatment.
- Non-significant trials had methodological limitations (e.g., underpowered or insufficiently intense intervention).
 - There is no evidence that promoting exercise detracts from smoking cessation efforts.
 - When measured objectively, interventions can increase short-term exercise participation among smokers, pre-quitters and quitters, and adherence is comparable to typical exercise interventions.
- Focus has been on weight management (rather than coping with cravings & withdrawal symptoms)

Review using “Better practices framework”

Faulkner, G., Taylor, A., Urban, S., Ferrence, R., & Selby, P. (2006). *Eur. J. of Sports Science*.

- Research experts believe exercise has potential
- Practitioner experts promote exercise as a valuable strategy



**Do single sessions of exercise reduce
cravings & withdrawal symptoms?**

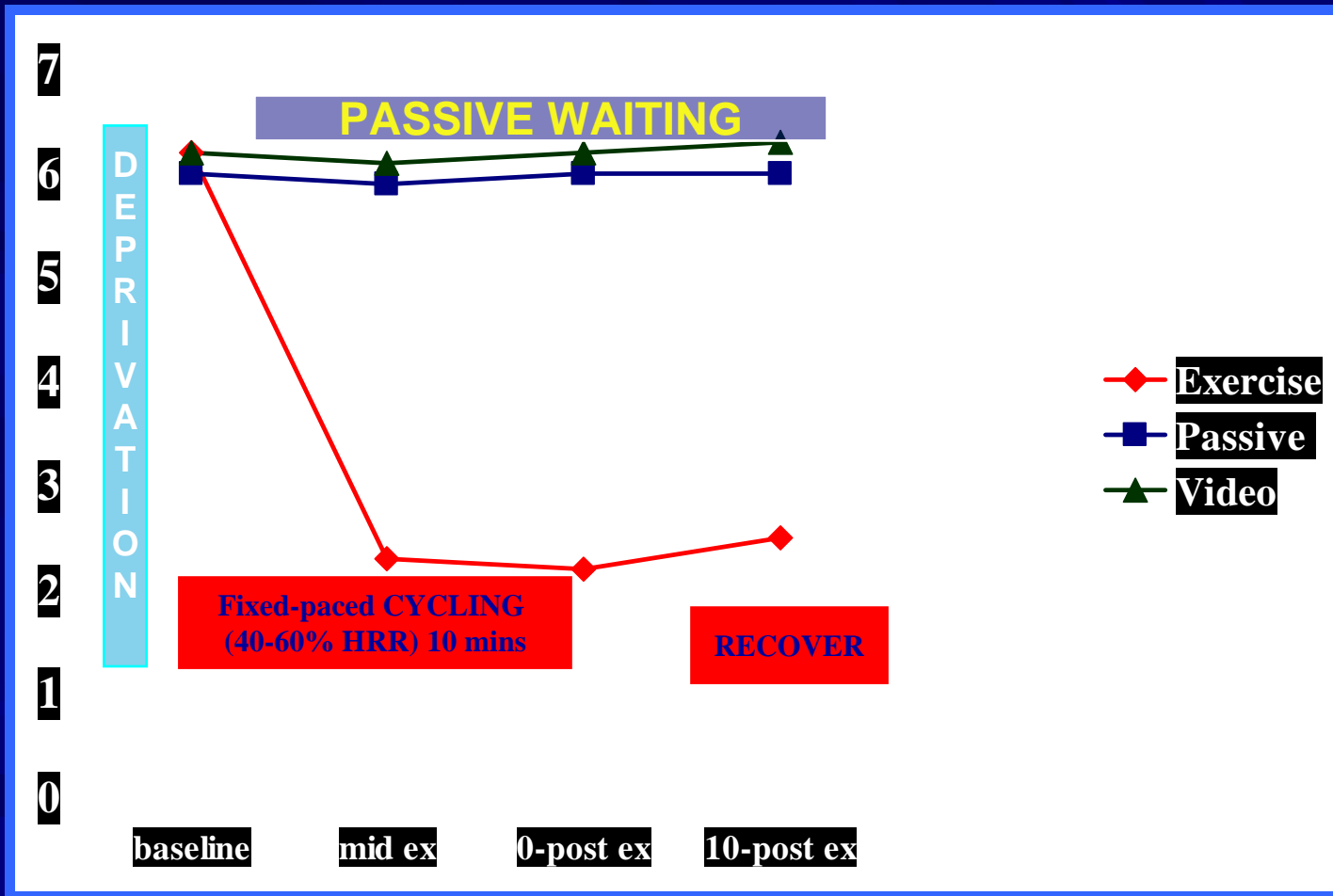
Systematic Review

14 studies identified

All except 1 involved temporary abstinence (30 mins – 15 hrs)

- 12 acute studies compared a bout of exercise with a control condition
- All reported positive effect on cigarette cravings, withdrawal symptoms and/or smoking behaviour
- Insufficient evidence to support a linear or curvilinear relationship between intensity/duration & effect on cravings

Effects on desire to smoke

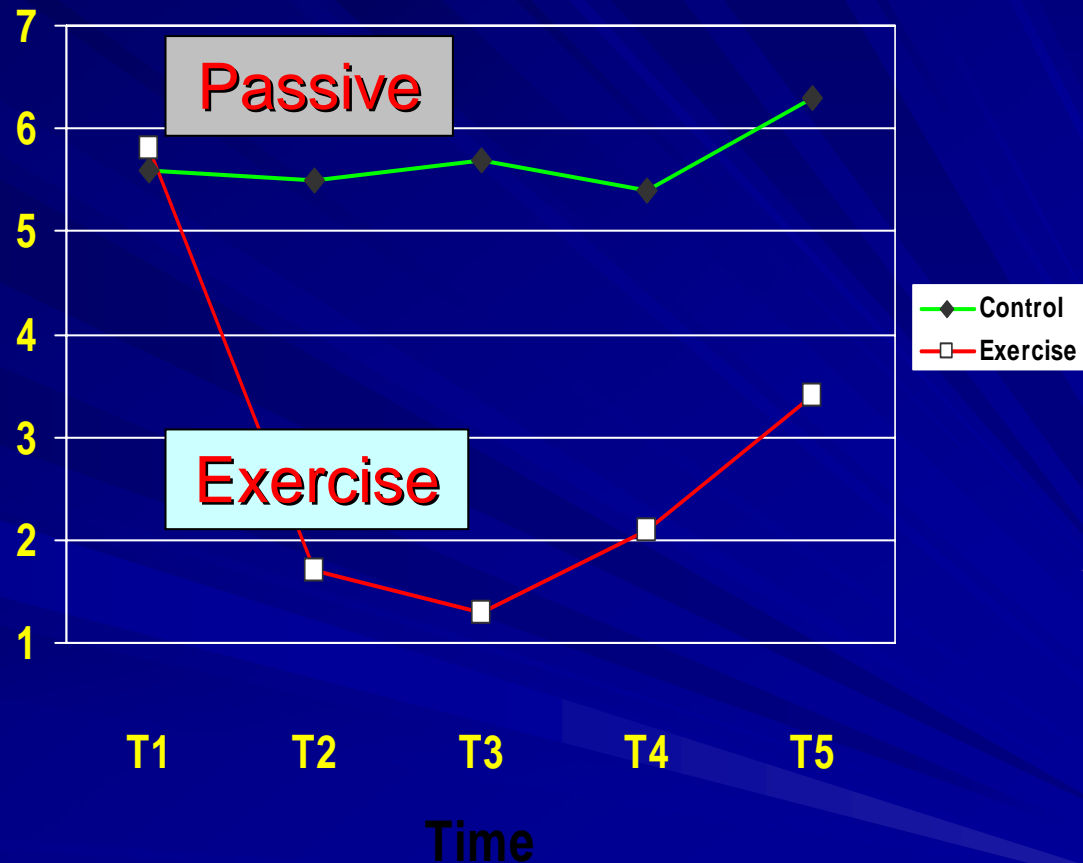


Effect of self-paced walking on strength of desire to smoke

Strength of desire to smoke

N = 15 smokers
(15hrs abstinent)
Self-paced 1 mile
walk v rest

Similar effects on MPSS
items: tension, stress,
anxiety, restlessness,
poor concentration,
irritability, depression



T1 = baseline, T2 = 10 mins, T3 = 20 mins, T4 = 30 mins, T5 = 40 mins.

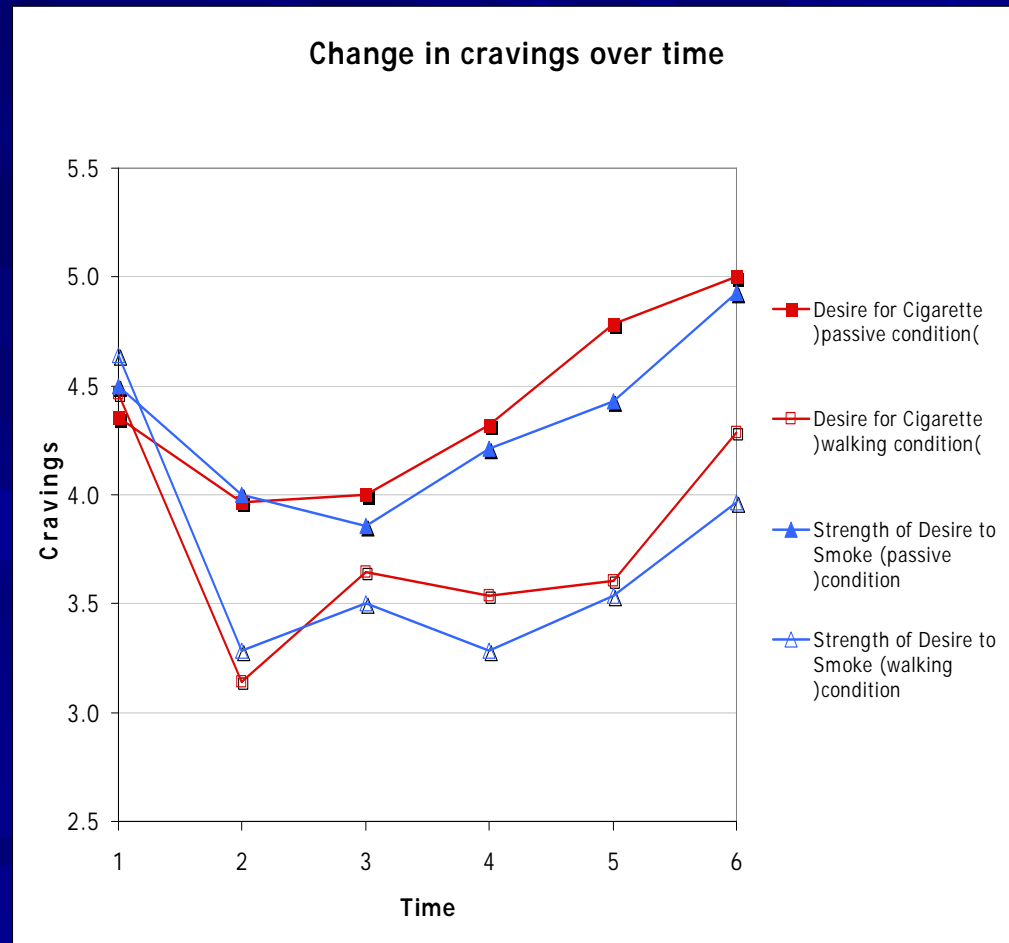
N = 13 smokers (12hrs abstinent)
15 minutes brisk walk v rest
Subjects sent text for ad lib smoking

Ad libitum smoking

Exercisers = 152 mins
Control = 99 mins

(ie, net 53 mins later)

Strength of desire to smoke



Acute Effects: Conclusions

- **Clear evidence** that a low-moderate dose of exercise
 - Reduces the desire for a cigarette;
 - Reduces 'negative' withdrawal symptoms (eg, stress, irritability, depression);
 - And improves affect.
- Magnitude of reduction in cravings comparable with, or in many cases exceeding, the acute response to glucose & oral NRT (see West et al 1999; West & Shiffman 2001)
- Further work is needed to examine the mechanisms associated with the acute effects of exercise in natural settings among different groups and conditions of abstinence.

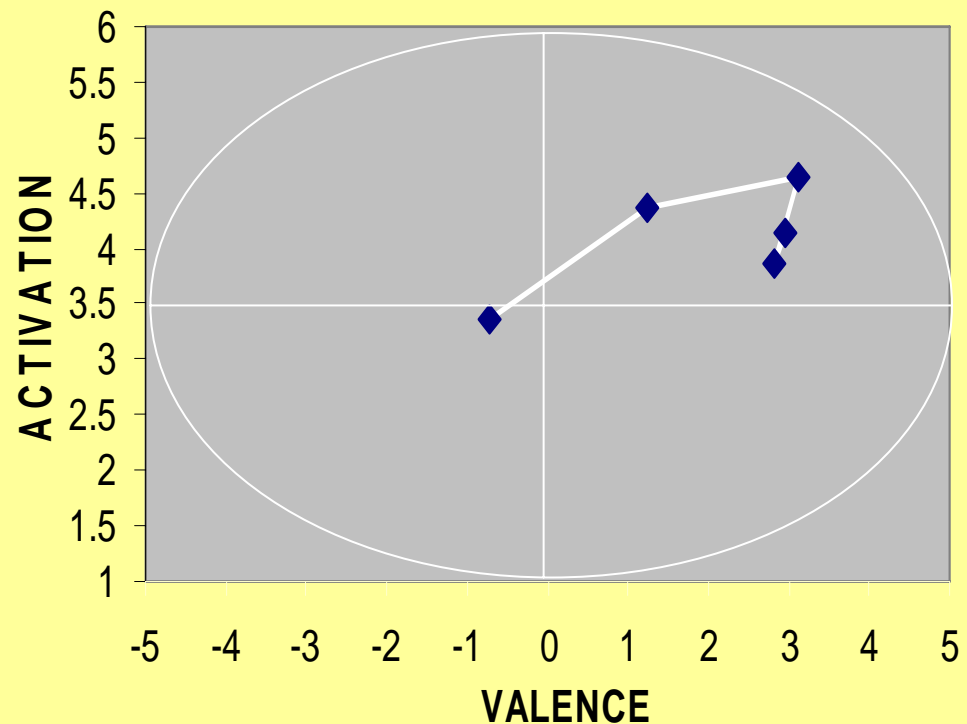
Possible mechanisms

- Distraction appears unlikely (Daniel et al, 2006)
- Stress reduction and activation
 - Nesbitt's Paradox – reduces tension & increases stimulation

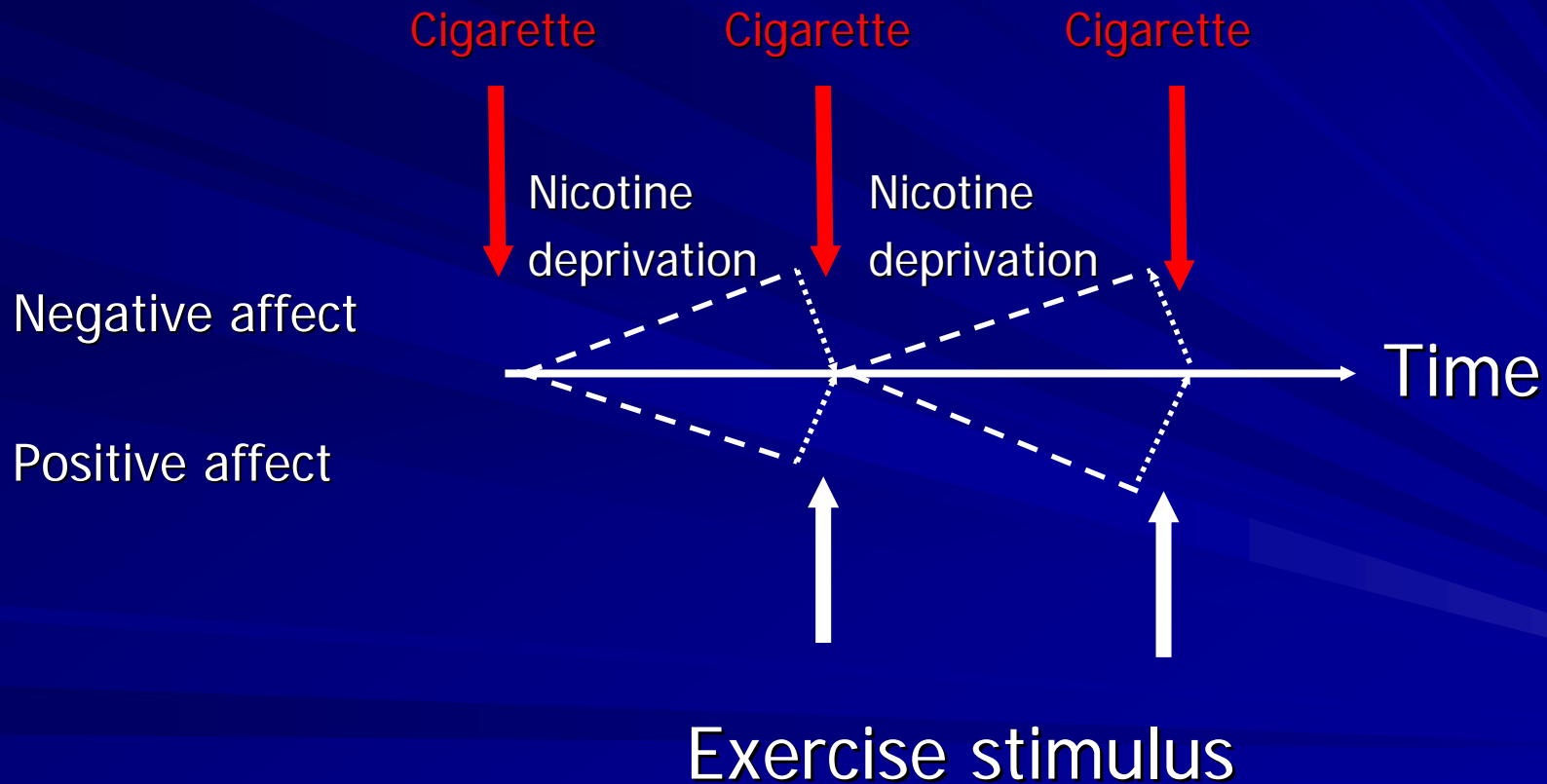
Circumplex model of affect (Russell, 1978, 1980, 1989, 1997) (Ekkekakis et al, 2000, 2003, Psych of Sport & Ex.)



MEAN VALUES FOR 15 SUBJECTS



Deprivation reversal hypothesis (Schachter, 1978)



Exercise mimics relief of negative affect

Possible mechanisms

Psycho-biological

- Increases in Dopamine activity?
 - Other substance use moderated by exercise with animals (eg, amphetamine, Kanarek, 1995; cocaine, Cosgrove, 2002; ethanol, McMillan, 1995).
- Increases in cortisol?
- Other?
 - fMRI studies on effects of exercise on cravings - anyone?

Practical & research implications

- Advise regular brief low-mod intensity exercise, and possibly to attenuate acute cravings in response to smoking cues (with timing implications).
- **Brief & intermittent**
- 30 minutes moderate physical activity accumulated each day
 - May assist with weight management.
- **This line of research may be useful for designing exercise interventions for emotion regulation with and without the presence of psychological stress.**



- People who exercise still smoke before, during and after activity!
 - ~ 25% smokers 'active' (deRuiter, Faulkner, & Cairney, in prep)

